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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4767

Registration District No. 46 Primary Registration District No. 5156 Registrar's No. 13

1. PLACE OF DEATH:
(a) County Caldwell
(b) City or town Rural Rockford township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 71 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Caldwell
(c) City or town Rural Rockford Township
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lizzie Catherine Rone
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Rone
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased March (Month) 10 (Day) 1874 (Year)

8. AGE: Years 71 Months 10 Days 13 If less than one day hr. min.

9. Birthplace Ray County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name Jermiah Clark
13. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)
14. Maiden name Mary Rainwater
15. Birthplace Ray County, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Floyd Rone
(b) Address Polo, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof I-25-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Cowgill Cemetery
18. (a) Signature of funeral director Cramer Clark
(b) Address Kingston, Missouri
19. (a) Feb 14 46 (Date received local registrar) (b) Gladys James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23 year 1946 hour 1 minute 9:P M.
21. I hereby certify that I attended the deceased from Sept 5, 1945, to Jan 23, 1946; that I last saw he alive on Jan 22, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Exhaustion	
Due to: Hypertension	years
Due to: Arteriosclerosis	years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature G H Wilson MD (M. D. or other)
Address Polo Mo Date signed 1-24-46

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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.